



## Hearing Aid Dispenser and Related Supplies and Audiologist

### State policy

The Medicaid Services Manual (MSM) is on the DHCFP website at <http://dhcfp.nv.gov> (click Medicaid Manuals on the DHCFP Index at left, then select NV Medicaid Services Manual).

[MSM Chapter 100](#) contains important information applicable to all provider types.

[MSM Chapter 2000](#) covers policy for audiology providers.

[MSM Chapter 1700](#) discusses coverage for cochlear implantation therapy.

### Rates

Covered codes, modifiers and Medicaid rates are available on the DHCFP website (click [Rates](#) on the DHCFP Index at left, then select Provider Type 23 Hearing Aid Dispenser & Related Supplies or Provider Type 76 Audiologist).

If you have questions regarding coverage or do not see a specific code listed, please call the Customer Service Center at (877) 638- 3472 for assistance.



### Prior authorization

Prior authorization requirements apply to all recipients regardless of their primary insurance carrier.

MSM Chapter 2000 provides prior authorization (PA) requirements for specific services. When PA is required:

- Use [form FA-1](#) to request hearing aids, cochlear implants, auditory brainstem implants, the BAHA system and related supplies/repairs
- Use [form FA-6](#) to request audiological testing

Required documentation showing medical necessity must be submitted with the authorization request and not with the claim.

If you have PA questions or need to know what documentation to submit with your request, call the HP Enterprise Services Prior Authorization Department at (800) 525-2395.

**Hearing Aid Dispenser and Related Supplies and Audiologist****Special billing instructions**

Hearing aid purchase and repair claims should not include a bilateral modifier when billing binaural codes.

If the code is monaural, use the appropriate *LT* or *RT* modifier and list each aid on its own, separate claim line.

**Recipient medical record**

Audiological testing requires a physician referral. Be sure to retain the referring provider's name as part of the recipient's medical record.

**Covered codes**

The following table lists some of the codes covered by the Nevada Medicaid and Nevada Check Up audiology program. Additional codes are listed on the [Audiology Fee Schedule](#) on the DHCFP website.

If you have questions regarding coverage or do not see a specific code listed, please call the Customer Service Center at (877) 638-3472 for assistance.

Code	Description	Other Instructions
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator, without mastoidectomy	This code pertains to the BAHA system. PA is always required.
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator, with mastoidectomy	This code pertains to the BAHA system. PA is always required.
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator, without mastoidectomy	This code pertains to the BAHA system. PA is always required.
69718	Replacement (including removal of existing device) osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator, with mastoidectomy	This code pertains to the BAHA system. PA is always required.
69930	Cochlear device implantation, with or without mastoidectomy	PA is always required.
92551-92596	Audiologic function tests with medical diagnostic evaluation	More than one code in this range may be used during the session. PA is not required.

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Code	Description	Other Instructions
92601	Diagnostic analysis of cochlear implant, patient under 7 years of age, with programming	PA is not required.
92602	Diagnostic analysis of cochlear implant, patient under 7 years of age, subsequent reprogramming	PA is not required.
92603	Diagnostic analysis of cochlear implant, age 7 years or older, with programming	PA is not required.
92604	Diagnostic analysis of cochlear implant, age 7 years or older, subsequent reprogramming	PA is not required.
92620	Evaluation of central auditory function, with report; initial 60 minutes	PA is not required.
92621	Evaluation of central auditory function, with report; each additional 15 minutes	Enter the primary code (92620) and this code on separate claim lines. PA is not required.
92625	Assessment of tinnitus (includes pitch, loudness, matching and masking)	PA is not required.
92626	Evaluation of auditory rehabilitation status; first hour	PA is always required.
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes	PA is always required. Enter the primary code (92626) and this code on separate claim lines.
92630	Auditory rehabilitation, pre-lingual hearing loss	PA is always required.
92633	Auditory rehabilitation, post-lingual hearing loss	PA is always required.
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	PA is not required.
L7520	Repair of prosthetic device, repair or replace minor parts	PA is required to exceed 16 units per episode.
L8614	Cochlear device	Includes all internal and external components. PA is always required.
L8615	Headset/Headpiece for use with the cochlear implant	PA is not required.
L8616	Microphone for use with the cochlear implant	PA is not required.
L8617	Transmitting coil for use with the cochlear implant	PA is not required.
L8618	Transmitting cable for use with the cochlear implant	PA is not required.

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Code	Description	Other Instructions
L8619	Cochlear implant external speech processor (limited to non-repairable out of warranty cases)	PA is always required.
L8621	Zinc air battery for use with cochlear implant device, replacement	PA is not required. Batteries may be supplied as medically necessary.
L8622	Alkaline battery for use with cochlear implant device, replacement	PA is not required. Batteries may be supplied as medically necessary.
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level	PA is not required. Batteries may be supplied as medically necessary.
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level replacement	PA is not required. Batteries may be supplied as medically necessary.
L8627	Cochlear Implant, external speech processor component, replacement	PA is always required.
L8628	Cochlear Implant, external controller component, replacement	PA is always required.
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	PA is not required.
L8690	Auditory osseointegrated device includes all internal and external components	This code pertains to the BAHA system. PA is always required.
L8691	Auditory osseointegrated device, external sound processor, replacement	This code pertains to the BAHA system. PA is always required.
S2235	Implantation of auditory brain stem implant	PA is always required.
V5266	Battery for use in hearing device, replacement	PA is not required. Batteries may be supplied as medically necessary.
V5267	Hearing aid supplies/accessories	PA is not required. This code may be used for clips and ear hooks.
V5299	Hearing service, miscellaneous	PA is always required. This code may be used for the BAHA headband, the BAHA soft headband, hearing aid insurance, damage and loss insurance at time of implant and not to exceed \$250.00 per year. This code is paid at 62% of billed charges.